



LANSING POLICE DEPARTMENT

VOLUNTEER APPLICANT



I _____ (Print Name), authorize the Lansing Police Department to complete a local, state and federal criminal background check on myself. I understand that, upon the result of this criminal background check, I may not be accepted as a volunteer with the Lansing Police Department. I also understand that I can be dismissed as a volunteer if, at any time, I am convicted of or violate any criminal statute during my tenure as a Lansing Police Department Volunteer. I have read and understand the above statements.

Signature

Date

Name: (Last) _____ (First) _____ (Middle) _____

Any other names you have used: _____

Date of Birth: _____ Sex: Male ☐ Female ☐

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) ____-____ Cell: (____) ____-____

Driver's License Number: _____

Have you ever been charged with a crime? Yes ☐ No ☐

If Yes, Please Explain: _____

Please check the box next to the program you are applying for:

C.A.R.E. ☐ Handicap Patrol ☐ Victim Advocate ☐ P.A.L. ☐ Prints for Life ☐

Precinct Volunteer ☐ River Trail Patrol ☐ Property Pickup ☐ School Watch ☐

System(s) Searched:

OFFICIAL USE ONLY



RMS



OFFENDER TRACK



ICHAT



LEIN



SOS

Results:



NO RECORD located



RECORD LOCATED, see attached

COMMENTS: _____

Officer: _____

Date: _____

Note: Upon completion, please submit this form to the Community Services Unit, Lansing Police Department, 120 W. Michigan Ave, Lansing, MI 48933, or fax to 517-377-0035